U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
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READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.		
1. File Number U - 7327	2. Fiscal Year Covered From: 1		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Robert A Spears	Name IUEC Local 7		
	Labor Organization File Number 044 - 982		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 8210 Wilson Ave.	Street 10014 Harford Rd.		
City Baltimore	City Baltimore		
State Maryland ZIP Code + 4 21234	State Maryland ZIP Code + 4 21234		
5. Position in labor organization. Business Manager/ Financial S	ecreta		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Robert allen Spran	On 5/12/2006 410-661-9177 Date Telephone Number		

Name of Person Filing Robert Spears		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name National Elevator Education Program Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11 Larson Way City Attleboro Falls State Massachusetts ZIP Code + 4 02763	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	See Attached			
Street	11.b. Approximate dollar val	ue of such dealing.		
City	12.a. Nature of interest hel			
State ZIP Code + 4	Apprentice Instruction parts reimbursement	ctor Salary\$10,360.00		
	40 5 6	410.20		
	12.b. Amount.	\$10,389		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIF Code 4				
13.b. Is the Business an Employer cr Consultant ?	14.b. Amount of payment.	<u> </u>		

LM-30 Attachment

Name: Robert Spears Ending date of report period: 12/31/05

LM-30 File Number: To be assigned

LM-30 Item Number

Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the union, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.

Name of Person Filing Robert Spears	File Number U-	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Elevator Industry Work Preservation fund	a. Labor Organization	
Trade Name, if any: EIWPF	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 12914 Erlene Dr.	c. Employer	
City Chester	Name of the second	
State Virginia ZIP Code + 4 23831		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	See Attatched	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Training and Meeting Expences	\$468
	12.b. Amount.	\$468

LM-30 Attachment

Name: Robert Spears Ending date of report period: 12/31/05

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name RGS Cleaning	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 8210 Wilson Ave.	c. Employer
City Baltimore	
State Maryland ZIP Code + 4 21234	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Janitorial Services
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Bi-Weekly cleaning of Locals Office\$1,800
	12 h Amount \$1,800

Name of Person Filing R	obert Spears	File Number U-	

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name National Elevator Industry Benifit Plans	🔀 a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 19 Campus Blvd.	c. Employer	
City Newtown Square		
State Pennsylvania ZIP Code + 4 19073		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	See Attatched	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Trustee Meeting Expence	\$2,142.50
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	12.b. Amount.	\$2,143

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